FE6AN026

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

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1.	NAME OF TYP			YPE OR PRINT ▼				xample: If typing, type ver the lines.				12FE4M5 CENTER						
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ADDRESS (number and street) Check if different than previously reported. (ACC)			P.O. Box 521					<u></u>	<u> </u>		LL			لــــــــــــــــــــــــــــــــــــــ				
			Western Springs					1.1.1.	<u> </u>		ال	ل	L_6	0558			لب	
2.	FEC IDE	INTIFICATION NU	IMBE	BER ▼ CITY 4							STATE A				ZIP CODE A			
	C	.00486860				3. IS TH		×	NEW (N)	OR			MENC A)	ED				
4.	TYPE (One)	(b)	Mon Rep		Feb 20	(M2)		May 2	0 (M5)		Au	g 20 (l	M8)		Nov ((Non-E Year O	20 (M11) lection nly)	
	(a) Qua	terly Reports:		Due	On.	Mar 20	(EM)		Jun 20 (M6			Sep 20 (M9)		M9)		Dec 2 (Non-E Year O		
	. *	April 15				Apr 20	(M4)		Jul 20	(M7)		Oc	t 20 (N	/10)			11 (YE)	
	* * * * * * * * * * * * * * * * * * *	Quarterly Report (Q	1)	(c)	12-Day		Primary (2P)			Gener		ıl (12G)		Runoff (12R)	f (12B)	
		July 15 Quarterly Report (Q	2)		PRE-Elec	RE-Election						Special (12S)			,			
		October 15			Report for the:		Convention		1 (12C)									
		Quarterly Report (Q January 31 Year-End Report (Y		(d)				M N	/ D	D / Y		Y Y Y			in the State o	f	•	
	: " ;	July 31 Mid-Year Report (Non-election Year Only) (MY)	n		30-Day			General (30G)			Runoff (30R)					Special (30S)		
		Termination Report	ļ		Report fo	r the:												
		(TER)				Election on		א א 11	04	04)14	,		in the State o	f IL	IL :	
5.	Covering	Period 10	M /	16	D / Y	y y y 2014		through	1	ы н 11	/ 0	о о 24 _.	/ Y	v 201	4 v			
	I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Miriam Tai																	
Sig	Signature of Treasurer Miriam Tai Date 12 03 2014																	
NO	TE: Submis	ssion of false, errone	eous, c	or inco	omplete in	formation ma	ay sul	bject the p	erson si	gning t	his Re	port to	the pe	naltie	es of 2 U	J.S.C.	§437g.	
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